



REV. 1/7/2016

ROW SITING/OBSTRUCTION PERMIT APPLICATION

TOWN OF LEXINGTON

DPW ENGINEERING

APPLICANT: _____

DATE: _____

CONTACT: _____

OFFICE TEL.: _____

☐ PUBLIC UTILITY ☐ INSURANCE ON FILE

CELL TEL.: _____

BY APPLICANT

WORK

LOCATION

DESCRIPTION: _____

- | | | |
|--|---|--|
| <input type="checkbox"/> GAS VENT | <input type="checkbox"/> UTILITY POLE | <input type="checkbox"/> TEMPORARY INSTALLATION |
| <input type="checkbox"/> UTILITY VAULT | <input type="checkbox"/> UTILITY GUY WIRE | <input type="checkbox"/> PERMANENT INSTALLATION |
| <input type="checkbox"/> LADDER/ SCAFFOLDING | <input type="checkbox"/> UTILITY LINE | |
| <input type="checkbox"/> NEWSPAPER BOX | | <input type="checkbox"/> LANE CLOSURE REQUESTED |
| <input type="checkbox"/> MAIL BOX | | <input type="checkbox"/> ROAD CLOSURE REQUESTED |
| <input type="checkbox"/> DUMPSTER | | <input type="checkbox"/> SIDEWALK CLOSURE REQ. |
| <input type="checkbox"/> OTHER | | <input type="checkbox"/> PARKING METER OBSTRUC. REQ. |

STREET: _____ POLE #: _____ ☐ STREET

ADDRESS: _____ ☐ SIDEWALK

NEAREST CROSS STREET: _____ ☐ SHOULDER

MAP:* _____ LOT:* _____ DISTANCE FROM NEAREST INTERSECTION: _____

* ONLY IF ADDRESS IS NOT FURNISHED

PRINT NAME

SKETCH

ENGINEERING DIVISION

